



## **417 - APPOINTMENT AVAILABILITY MONITORING AND REPORTING**

EFFECTIVE DATE: 10/01/12, 10/01/13

REVISION DATE: 01/08/08, 06/26/12, 10/24/12, 07/03/13

STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

### **I. PURPOSE**

This policy applies to Acute Care, ADHS/DBHS, ALTCS/EPD, CRS, DES/CMDP (CMDP), and DES/DDD (DDD) Contractors.

This policy establishes a common process for AHCCCS Contractors to monitor and report appointment accessibility and availability to ensure compliance with AHCCCS standards as set forth in Section D, Appointment Standards of the contracts.

### **II. DEFINITIONS**

<b>ESTABLISHED PATIENT</b>	A member who has received professional services from the physician or any other physician of the exact same specialty and subspecialty that belongs to the same group practice, within the past three years.
<b>NEW PATIENT</b>	A member who has not received any professional services from the physician or another physician of the exact same specialty and subspecialty that belongs to the same group practice, within the past three years.
<b>WAIT TIME</b>	The time a patient has to wait in the provider's office beyond their scheduled appointment time.

### **III. POLICY**

#### **A. MONITORING APPOINTMENT STANDARDS**

The Contractor must ensure the following contractual appointment and accessibility standards are met:



**APPOINTMENT STANDARDS**

APPOINTMENT STANDARDS	ROUTINE			URGENT	EMERGENT
<b>PCP</b>	21 Days			2 days	Within 24 hours
<b>SPECIALIST (INCLUDING CRS PROVIDERS)</b>	45 days			3 days	Within 24 hours
<b>DENTAL</b>	45 days			3 days	Within 24 hours
<b>BH PROVIDERS</b>	(CRS and ADHS/DBHS) initial assessment within seven days of referral	(CRS and ADHS/DBHS) ongoing services within 23 days of initial assessment	(ALTCS/EPD and DDD) within 30 days of referral	(CRS): CMDP enrolled members no later than 72 hours after notification by DES/CPS that a child has been or will be removed from their home	Within 24 hours of referral

Contractors must ensure that the waiting time for a scheduled appointment at the PCP's or specialist's office is no more than 45 minutes, except when the provider is unavailable due to an emergency.

MATERNITY CARE	
1st trimester	14 days
2nd trimester	7 days
3rd trimester	3 days
High risk pregnancy	3 days*

\*within three days of identification of high risk by the Contractor or maternity care provider, or immediately if an emergency exists

**B. PROVIDER APPOINTMENT AVAILABILITY REVIEW**

Contractors are required on a quarterly basis to review the availability of Routine, Urgent and Emergent appointments for Primary Care, Specialist, Dental, CRS providers and Behavioral Health providers. Contractors must also review these standards for Maternity Care providers relating to the first, second, and third trimesters as well as high risk pregnancies.



Contractors must review the amount of time members must wait to be seen by contracted providers during a scheduled appointment.

Contractors can utilize various methodologies to conduct this review including but not limited to: appointment schedule review, secret shopper phone calls, calls to providers identified on the 1800 report, review of member quality of care concerns, review of reports from specific providers, and credentialing, etc. Contractors must conduct Provider Appointment Availability Reviews in sufficient quantity to ensure results are meaningful and representative of the Contractor's network.

Contractors must ensure members do not experience a lapse in medically necessary psychotropic medications when members are referred by a PCP/Health Plan Behavioral Health Coordinator for psychiatric evaluation/medication management, appointments with a psychiatric prescriber (MD, DO, NP, PA).

#### **C. MEMBER APPOINTMENT AVAILABILITY REVIEW**

1. Contractors must conduct Member Appointment Availability Reviews in sufficient quantity to ensure that results are meaningful and representative of the Contractor's member population and are reflective of members' experience with the availability of Primary Care, Specialist, Dental, CRS, Behavioral Health and Maternity Care appointments. This review must include the availability of Routine, Urgent and Emergent appointments as well as Maternity care appointments first trimester, second trimester, third trimester and high risk pregnancies.

Contractors can utilize various methodologies to conduct this review including but not limited to: phone calls, monitoring of member complaints, etc.

#### **D. TRACKING AND REPORTING**

Contractors must track provider compliance with appointment availability on a quarterly basis for both New and Established Patients by Provider Type. The Contractors must utilize the reporting templates included in this policy. See report templates, Attachment A and Attachment B.

Contractors shall submit the quarterly Appointment Availability Reports as detailed in sections E and F below, as a component of the Network Development and Management Plan. Contractors must also include an attestation of the validity of the methodologies utilized, including the significance of the results, and a cover letter that summarizes the data, explains significant trending in either direction (positive or negative), and describes any interventions, applied to areas of concern including, corrective action plans.

AHCCCS may review Contractor monitoring and corrective action plans implemented as a result of provider non-compliance with appointment standards.

**E. ATTACHMENT A APPOINTMENT AVAILABILITY PROVIDER REPORT**

Instructions for Completing Attachment A, Appointment Availability Provider Report:

**PCP, SPECIALIST, DENTAL, BEHAVIORAL HEALTH PROVIDERS**

**Surveys:** Enter the total number of provider surveys conducted for both New and Established patients for each provider type.

**Pass:** Enter total number of providers that were in compliance with the AHCCCS appointment standards (Routine, Urgent and Emergent).

**Fail:** Enter total number of providers that were not in compliance with the AHCCCS appointment standards.

**Compliance**

**Percentage:** The percentage of providers that are compliant with the AHCCCS appointment standards.

**MATERNITY CARE PROVIDERS**

**Surveys:** Enter the total number of provider surveys conducted with Maternity care providers related to compliance with the AHCCCS standards for initial prenatal care appointments by trimester and risk.

**Pass:** Enter total number of providers that were in compliance with the AHCCCS appointment standards for maternity care.

**Fail:** Enter total number of providers that were not in compliance with the AHCCCS appointment standards for maternity care.

**Compliance**

**Percentage:** The percentage of providers that are compliant with the AHCCCS appointment standards for maternity care.

**WAIT TIMES**

**Surveys:** Enter the total number of surveys conducted related to compliance with the AHCCCS wait time standards for PCPs and specialists.

**Pass:** Enter total number of providers that were in compliance with the AHCCCS wait time standards.



**Fail:** Enter total number of providers that were not in compliance with the AHCCCS wait time standards.

**Compliance**

**Percentage:** This column automatically calculates the percentage of providers that are compliant with the AHCCCS wait time standards.

#### **F. ATTACHMENT B APPOINTMENT AVAILABILITY MEMBER REPORT**

Instructions for Completing Attachment B, Appointment Availability Member Report:

##### **PCP, SPECIALIST, DENTAL, BEHAVIORAL HEALTH PROVIDERS**

**Surveys:** Enter the total number of member surveys conducted for both New and Established patients for each provider type.

**Pass:** Enter total number of providers that were in compliance with the AHCCCS appointment standards (Routine, Urgent and Emergent)..

**Fail:** Enter total number of providers that were not in compliance with the AHCCCS appointment standards.

**Compliance**

**Percentage:** The percentage of providers that are compliant with the AHCCCS appointment standards.

##### **MATERNITY CARE PROVIDERS**

**Surveys:** Enter the total number of member surveys conducted with Maternity care providers related to compliance with the AHCCCS standards for initial prenatal care appointments by trimester and risk.

**Pass:** Enter total number of providers that were in compliance with the AHCCCS appointment standards for maternity care.

**Fail:** Enter total number of providers that were not in compliance with the AHCCCS appointment standards for maternity care.

**Compliance**

**Percentage:** The percentage of providers that are compliant with the AHCCCS appointment standards for maternity care.

##### **WAIT TIMES**



- Surveys: Enter the total number of surveys conducted related to compliance with the AHCCCS wait time standards for PCPs and specialists.
- Pass: Enter total number of providers that were in compliance with the AHCCCS wait time standards.
- Fail: Enter total number of providers that were not in compliance with the AHCCCS wait time standards.
- Compliance Percentage: The percentage of providers that are compliant with the AHCCCS wait time standards.

#### **IV. REFERENCES**

- Title 42, Code of Federal Regulations (42CFR) 438.206 (c)(1)(i) [Availability of Services]
- Title 42, Code of Federal Regulations (42CFR) 438.206 (c)(1)(iv), (v) and (vi) [Availability of Services]
- Acute Care contract, Section D
- ADHS/DBHS contract, Section D
- ALTCS/EPD contract, Section D
- CRS contract, Section D
- DES/DDD contract, Section D
- DES/CMDP contract, Section D
- ACOM Policy 415
- Attachment A, Appointment Availability Provider Report
- Attachment B, Appointment Availability Member Report



**ATTACHMENT A, APPOINTMENT AVAILABILITY PROVIDER REPORT**

**SEE THE ACOM WEBPAGE FOR ATTACHMENT A OF THIS POLICY**



**ATTACHMENT B, APPOINTMENT AVAILABILITY MEMBER REPORT**

**SEE THE ACOM WEBPAGE FOR ATTACHMENT B OF THIS POLICY**